Filename: okolovoz

PHA 5-Year and Annual Plan U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

·	·						
1.0	PHA Information PHA Name: DRUMRIGHT HOUSING AU  PHA Type: M Small M High			tandard	PHA Code:	OK010	
	PHA Type:  ☐ Small ☐ High PHA Fiscal Year Beginning: (MM/YYYY):	Performing 10/2010	Si	andard	☐ HCV (Section 8)		
2.0	<b>Inventory</b> (based on ACC units at time of F Number of PH units: 148	Y beginning i		Number of H	CV units: 0		
3.0	Submission Type  ☑ 5-Year and Annual Plan	Annual I	Plan Only		5-Year Plan Only		
4.0	PHA Consortia P	HA Consortia	ı: (Check box if sul	bmitting a joi	nt Plan and complete table belo	ow.)	
	***************************************					No. of Unit	s in Each
	Participating PHAs	PHA Code	Program(s) Inclu Consortia	uded in the	Programs Not in the Consortia	Program PH	HCV
	PHA 1:					111	110 1
	PHA 2:			····			
	PHA 3:						
5.0	5-Year Plan. Complete items 5.1 and 5.2 on	ly at 5-Year I	Plan update.				
	<b>^</b>	•					
5.1	Mission. State the PHA's Mission for serving jurisdiction for the next five years:				•		
	The mission of Drumright Housing Authority				quality affordable nousing to	eligible familie	es and do so
5.2	using practices that allow us to act as good s  Goals and Objectives. Identify the PHA's of	tewards of the	e lederal funds we	administer.	blotho DIIA to gomes the mande		
3.4	low-income, and extremely low-income fam	quantitiable g ilies for the n	oais and objectives	inat will ena lude a report (	DIE THE PHA TO SERVE THE REEDS	oi low-incom	the goals
	and objectives described in the previous 5-Y		ext live years. Inci	iude a report	on the progress the FFA has h	iade in meeting	g me goals
	The primary goal of Drumright Housing Aut		To increase the nun	bers of eligib	ole families served by reducing	down time an	d continuing
	to manage our waitlist effectively thereby in						
	modernization projects and (3) To increase t	the availabilit	y and number of pa	articipants in	activities and services for our	elderly and dis	abled
	residents.		•	•		•	
	Regarding our previous plans' goals, we hav	e met or exce	eded all of goals	In fact our ra	te of occupancy has moved fro	om the 20%s to	stavina
	completely filled almost all of the time. Dur						
	These had, by agreement through HUD years						
	driving program. When we were instructed to						
	management, to tap a market for these as we						
	improved from an eighty-six to a consistently	y high score i	n the nineties, labe	led as High P	erforming now for several year	rs. I believe th	ie
	improvement has been partially due to our fo						
	delinquency report to a consistent score of 99	9-100%. Rega	arding safety and se	ecurity, we ha	ve installed some cameras wh	ich have been v	very helpful
	but also have worked with local residents to						
	operating procedures manual to address man						
	from the auditor this year who told us that or our PIC and local tenant data clearly support						
	basis. We make equal opportunity informati						
	PHA Plan Update			pioiii	Jan politica consistently w	us disviilli	
	•						
6.0	(a) Identify all PHA Plan elements that have						
0.0	The PHA has modified its minimum rent fro						
	The PHA modified Admissions and Occupan					ms of domesti	c violence to
	remain housed if another household member	r was evicted	for an incident rela	iting to dome	stic violence.		
	(b) Identify the specific location(s) where th	e public mav	obtain copies of th	e 5-Year and	Annual PHA Plan. For a com	plete list of PF	IA Plan
	elements, see Section 6.0 of the instruction		topico of th			p. 5.0 1.5t Of 1 1.	
	Drumright Housing Authority						
	1400 Aspen Drive, Drumright,						
7.0	Hope VI, Mixed Finance Modernization o Programs, and Project-based Vouchers.			d/or Disposit	tion, Conversion of Public Ho	ousing, Home	ownership
8.0	Capital Improvements. Please complete Pa	arts 8.1 throug	gh 8.3, as applicabl	e.			
8.1	Capital Fund Program Annual Statement	Performanc	e and Evaluation	Report. As r	part of the PHA 5-Year and An	nual Plan ann	ually
	complete and submit the Capital Fund Progr	ram Annual S	tatement/Performa	nce and Eval	uation Report, form HUD-500	75.1, for each	current and
	open CFP grant and CFFP financing. SEE I					,	

- 8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. SEE HUD-50075.2 ATTACHED. 8.3 Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Housing Needs. Drumright is a small rural community with a population of about 3,000. In Drumright schools, over 70% of students currently qualify for the free lunch program. This, in itself, clearly reflects that our community is predominately low income. Other than the very few rental properties and a small complex operated by Green Development, Drumright is in short supply for affordable and 9.0 temporary housing. As our waiting lists indicate, this housing remains constantly in high demand, even more so since the recent economic downturn. Additionally, the demographics of this community reflect a growing population of elderly on limited fixed incomes who desperately need and utilize the affordable housing we provide. Finally, local tenant data shows we serve approximately ninety children in the families we house. Approximately 44% have income below \$10,000 per year, 78% have below \$20,000 per year. Resident source of income is about 47% fixed income from SS/SSI/Pensions and 43% are from very low Based on these local demographics, it is clear that this low rent program is not simply a service to our community. It is a necessity.
- 9.1 Strategy for Addressing Housing Needs. Our PHA and Board of Commissioners continues to discuss the possibility of building additional housing but we are reluctant to do so if this added housing could not be subsidized as is our other housing. Our current strategy must be simply to manage our waiting list as efficiently as possible and continue to reduce our already low lease-up time. Through various local networking opportunities, we will continue to promote our housing locally. Additionally, though it addresses more than just housing need, we have hired a person part time to focus exclusively on increasing the quality and number of services we provide our elderly and disabled tenant population.

  10.0 Additional Information. Describe the following, as well as any additional information HUD has requested.

  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-
  - Year Plan. See 5.2

    (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation for "significant amendment" and "significant amendment" and "s

Our most pressing housing need, based on the growing number of elderly in the community, is affordable housing and/or assisted

- deviation/modification" Not applicable.
- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
  - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
  - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
  - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
  - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
  - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
  - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
  - (g) Challenged Elements

living type of housing for elderly and disabled.

- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

### ATTACHMENT A: RESIDENT ADVISORY BOARD

OUR RESIDENT ADVISORY BOARD IS ACTIVELY INVOLVED IN ORGANIZING TENANT COMMUNITY ACTIVITIES AS WELL AS ACTING IN AN ADVISORY CAPACITY TO THE HOUSING AUTHORITY FOR PLANNING PURPOSES. MEETINGS ARE HELD AT A MINIMUM OF ONCE PER QUARTER AND THE ANNUAL AND/OR FIVE YEAR PLANS ARE SHARED IN DETAIL AT THOSE MEETINGS AS WELL AS COPIES MADE AVAILABLE UPON REQUEST IN THE HOUSING AUTHORITY OFFICE.

BELOW ARE SEVERAL SPECIFIC AREAS THAT WERE IDENTIFIED BY RESIDENTS AS WORK ACTIVITY NEEDING TO BE INCLUDED IN OUR FIVE YEAR PLAN:

- SECURITY IS A CONCERN EXPRESSED BY OUR RESIDENT ADVISORY BOARD. TENANTS OCCASIONALLY EXPERIENCE AUTOMOBILE THEFT; THE HOUSING AUTHORITY HAS ON ONE OCCASION HAD GUESTS VANDALIZE AND PAINT SEVERAL AREAS WITH GRAFFITI; A CAR WAS VANDALIZED AND HAD WINDOWS BROKEN AS IT SAT IN THE PARTKING LOT RECENTLY. THE RESIDENTS ADVISORY BOARD HAVE BEEN VERY ACTIVE IN ATTEMPTING TO ESTABLISH A NEIGHBORHOOD WATCH PROGRAM. WE HAVE HAD PROGRAMS AND TRAININGS PROVIDED BY OUR LOCAL POLICE DEPARTMENT. WE HAVE ORDERED VARIOUS MATERIALS AND DONE INHOUSE TRAININGS ON HOW TO BE MORE OBSERVANT WHEN REPORTING CRIMES TO POLICE. THE PHA CONTINUES TO SUPPORT AND ENCOURAGE MEETINGS AND ACTIVITIES OF THIS GROUP. ADDITION ALLY, THE PHA HAS INCLUDED PLANS FOR SECURITY CAMERAS IN THE FIVE YEAR PLAN.
- TENANTS HAVE EXPRESSED THEIR WISH FOR A SWIMMING POOL FOR OUR YOUTH WHO DO NOT HAVE ACCESS TO A LOCAL SWIMMING POOL THROUGH OUR CITY. THE PHA AGREED TO LOOK INTO THE POSSIBILITY AND COST OF HAVING A WATER PARK INSTEAD OF AN ACTUAL POOL. HOWEVER, AFTER CONSIDERING AND FURTHER DISCUSSING WTIH THE RESIDENTS, IT WAS DETERMINED THAT THE COST WAS STILL TOO HIGH, RISK WAS STILL TOO GREAT AND THE PHA HAD OTHER ACTIVITIES THAT WERE OF A HIGHER PRIORITY SUCH AS SECURITY.
- RESIDENTS ASKED THAT THE HOUSING AUTHORITY COMMUNITY CENTER BUILDING BE RENOVATED SOMEWHAT TO MAKE IT
  MORE APPEALING TO USE FOR VARIOUS GROUP EVENTS OR ACTIVITIES. THE HOUSING AUTHORITY DID INCLUDE IN THE
  FIVE YEAR PLAN SOME FUNDS TO DO SOME RENOVATIONS AND MAKE NECESSARY REPAIRS TO THE COMMUNITY CENTER
  BUILDING.

PHA Board Resolution Regarding Domestic Violence

RESOLUTION #: 2008-3

# MEETING OF THE BOARD OF DIRECTORS OF DRUMRIGHT HOUSING AUTHORITY

A meeting of the Board of Directors of Drumright Housing Authority was held on <u>May 20, 2008</u>, whereby a resolution was passed adding the following policy to the Drumright Housing Authority Admissions and Occupancy Procedures:

### DOMESTIC VIOLENCE POLICY

If a tenant or applicant otherwise qualifies for continued occupancy or admission, the Drumright Housing Authority will not deny continued occupancy or admittance to a resident or applicant (male or female) based solely on incidents related to domestic violence, dating violence or stalking where the resident or applicant is a victim of domestic violence.

The Housing Authority may deny or terminate assistance to the perpetrator of such actions without denying or terminating the victim or other household members. This does not limit the authority of the Housing Authority to deny or terminate assistance based on other criminal activity or good cause.

In processing a request by a victim for housing or continued occupancy, the Housing Authority may request the victim to provide evidence of their recent status as a victim of domestic violence. Such proof may include the following:

- A domestic violence victim's statement, testimony or affidavit outlining the facts of the violence in each incident. The statement should include a listing of the approximate dates when each incident occurred.
- Restraining or civil protection orders.
- Medical records.
- Police reports, records of telephone calls or visits to the victim's address. This may include telephone calls to the police registering a compliant, a log of police runs made to the residence, copies of all tapes and reports written by officers responding to a call.
- Criminal court records if a batterer was arrested or convicted of any act of domestic violence or destruction of property relating to the victim (certified copies); a victim's own statement to police or prosecutors, which can be obtained from the prosecutor's office.
- Statements of workers or counselors from a domestic violence shelter or program attesting to the time the victim spent in the shelter/program and the reason as linked to incidents of abuse.
- Reports, statements from police, judges and other court officials, clergy, social workers and other social service agencies.
- Other credible evidence as corroborated by law enforcement or domestic violence providers.

The applicant must also certify that the abuser will not return to residence with the applicant unless the Housing Authority gives prior written approval. The Housing Authority may approve the return of the abuser to the household only under the following conditions:

- The Housing Authority verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of the recurrence of violent behavior.
- A counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family.

If the abuser returns to the family without approval of the Housing Authority, the Housing Authority will deny or terminate assistance to the household for breach of the certification.

Board Chairman

Date

5-20-2008

SEAL:

# PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing Expires
4/30/2011

# PHA Certifications of Compliance with the PHA Plans and Related Regulations: \*\*Board Resolution # 2010-8

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 2010\_5-Year and/or2010 Annual PHA Plan for the PHA fiscal year beginning October 1, 2009, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

### Board Resolution # 2010-8 dated May 25, 2010

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.

  16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance

with program requirements.

- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Drumright Housing Authority	_OK010
PHA Name	PHA Number/HA Code
X 5-Year PHA Plan for Fiscal Years 2010 -	2014
X Annual PHA Plan for Fiscal Years 2010	- <u>2011</u>
I hereby certify that all the information stated herein, as well as any infor HUD will prosecute false claims and statements. Conviction may result i 3802)	mation provided in the accompaniment herewith, is true and accurate. Warning n criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,
Gary Davis	Chairman, Board Of Commissioners
Name of Authorized Official	Title
* Alley Vanc	May 25, 2010
Signature	Date

# Certification for a Drug-Free Workplace

### U.S. Department of Housing and Urban Development

Toni Osterhout	
Applicant Name	
Drumright Housing Authority	
Program/Activity Receiving Federal Grant Funding	
Acting on behalf of the above named Applicant as its Authoria	ized Official, I make the following certifications and agreements to the
Department of Housing and Urban Development (HUD) regard	
I certify that the above named Applicant will or will	(1) Abide by the terms of the statement; and
continue to provide a drug-free workplace by:	(2) Notify the employer in writing of his or her conviction
	for a violation of a criminal drug statute occurring in the
a. Publishing a statement notifying employees that the	workplace no later than five calendar days after such conviction;
unlawful manufacture, distribution, dispensing, possession,	
or use of a controlled substance is prohibited in the	e. Notifying the agency in writing, within ten calendar days after
Applicant's workplace and specifying the actions that will	receiving notice under subparagraph d.(2) from an employee or
be taken against employees for violation of such	otherwise receiving actual notice of such conviction. Employers of
prohibition.	convicted employees must provide notice, including position title, t
b. Establishing an on-going drug-free awareness program to	every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has
inform employees	designated a central point for the receipt of such notices. Notice sha
(1) The dangers of drug abuse in the workplace;	include the identification number(s) of each affected grant;
(2) The Applicant's policy of maintaining a drug-free	morade the identification number(3) of each directed grant,
workplace;	f. Taking one of the following actions, within 30 calendar days of
(3) Any available drug counseling, rehabilitation, and	receiving notice under subparagraph d.(2), with respect to any
employee assistance programs; and	employee who is so convicted
(4) The penalties that may be imposed upon employees	(1) Taking appropriate personnel action against such an
for drug abuse violations occurring in the workplace.	employee, up to and including termination, consistent with the
	requirements of the Rehabilitation Act of 1973, as amended; or
c. Making it a requirement that each employee to be	(2) Requiring such employee to participate satisfactorily
engaged in the performance of the grant be given a copy of	in a drug abuse assistance or rehabilitation program approved for
the statement required by paragraph a.;	such purposes by a Federal, State, or local health, law
	enforcement, or other appropriate agency;
d. Notifying the employee in the statement required by	
paragraph a. that, as a condition of employment under the	g. Making a good faith effort to continue to maintain a drugfree
grant, the employee will	workplace through implementation of paragraphs a. thru f.
	ate pages) the site(s) for the performance of work done in connection with rformance shall include the street address, city, county, State, and zip code.
Identify each sheet with the Applicant name and address and the projection	
radicity each sheet with the ripphoant hand address and the pro-	Seranda and the two controls grant funding.
1400 ASPEN DRIVE	
DRUMRIGHT, OK 74030	
Charle have distance and file that are not identified	d the etherhead about
Check here if there are workplaces on file that are not identified.  I hereby certify that all the information stated herein, as well as any information stated herein.	information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction	n may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Title
Toni Osterhout	Executive Director
Signature	Date
* Fori Asterhout	
X TI UM HPULLIMON	6/2/2010

## Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Tone Osterhout	
Applicant Name	
DRUMFIGHT HOUSING Authority Program/Activity Receiving Federal Grant Funding	

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Toni Osterhout	Executive Director
Signature	Date (mm/dd/yyyy)
Jani Paterhout	(0/2/2010

### **DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action:	<ol><li>Status of Federa</li></ol>	I Action:	3. Report Type:	
a. contract	c. a. bid/o	ffer/application	a. a. initial fil	ing
b. grant	b. initial	award	b. materia	l change
c. cooperative agreement	c. post-	award	For Material	Change Only:
d. loan			year	quarter
e. loan guarantee			date of las	st report
f. loan insurance				
4. Name and Address of Reporting	g Entity:			ubawardee, Enter Name
▼ Prime		and Address of	f Prime:	
Tier,	if known:			
	10		m	
Congressional District, if known	: 10		District, if known:	
6. Federal Department/Agency:		-	am Name/Descripti	on:
U.S. Department of Housing and Urb	an Development	Office of Public	Housing	
		CEDA Number	if applicable:	
				<del> </del>
8. Federal Action Number, if known	7:	9. Award Amoun	t, if known:	
		\$		
10. a. Name and Address of Lobby	ing Registrant	b. Individuals Pe	rforming Services	(including address if
(if individual, last name, first n	ame, MI):	different from I	No. 10a)	
		(last name, firs	st name, MI):	
		Not applicable.		
Not applicable.		''		
		1	0 1	1 3
11. Information requested through this form is authorize 1352. This disclosure of lobbying activities is a ma	d by title 31 U.S.C. section	Signature:	qui Voller	cow
upon which reliance was placed by the tier above whe	n this transaction was made	Print Name: Ton	i Osterhout	
or entered into. This disclosure is required pursual information will be available for public inspection. At	ny person who fails to file the	Title: Executive D	irector	
required disclosure shall be subject to a civil penalty of not more than \$100,000 for each such failure.	of not less than \$10,000 and			
		Telephone No.: _9	18-352-9539	Date: 6/2/2010
Federal Use Only:				Authorized for Local Reproduction
i cacial ose only.				Standard Form LLL (Rev. 7-97)

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

	17	16	15	14	13	12	11	10	9	8	7	6	5	4	ω	2			Line	Type of Grant ☐ Original A ⊠ Performan	PHA Nam City of Dr	Part I: S
	1499 Development Activities 4	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds		Summary by Development Account	nnual Statement  ce and Evaluation Report f	PHA Name: Housing Authority of the City of Drumright (OK010)	Part I: Summary
			ration				Ionexpendable							xceed 10% of line 21)	ts .	d 20% of line 21) <sup>3</sup>			count	Reserve for Disasters/Emergencies or Period Ending: 3/31/09	Grant Type and Number Capital Fund Program Grant No: OK: Replacement Housing Factor Grant No: Date of CFFP:	
208,605.00										-								Original			OK56P010501-08	
5.00					8,000.00		4,300.00	83,600.00	54,540.00	:					2,200.00	\$ 55,965.00			Total Estimated Cost			
208,605.00					5,096.33		16,502.00	98,097.05	19,778.00		10,475.02				2,691.60	55,965.00		Revised <sup>2</sup>	nated Cost	] Revised Annual Statement (revision no: ] Final Performance and Evaluation Report		
93,																		Obligated		sion no: tion Report		
93,025.70							2,442.00	4,115.76	19,778.00		8,524.94				2,200.00	55,965.00			Total Ac	)	田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	-
93,025.70							2,442.00	4,115.76	19,778.00		8,524.94				2,200.00	55,965.00		Expended	Total Actual Cost 1		FFY of Grant: 2008 FFY of Grant Approval: 2008	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing OMB No. 2577-0226

24 23 22 21 Signature of Executive Director 25 20 19 18ba Housing Authority of the City of 18a Line Drumright Part I: Summary Type of Grant PHA Name: Performance and Evaluation Report for Period Ending: 3/31/09 **Original Annual Statement** Summary by Development Account Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities 9000 Collateralization or Debt Service paid Via System of Direct Amount of Annual Grant:: (sum of lines 2 - 19) 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Grant Type and Number
Capital Fund Program Grant No: OK56P010501-08
Replacement Housing Factor Grant No:
Date of CFFP: Reserve for Disasters/Emergencies Herbart Date 0 0 0 0 \$ 208,605.00 0 0 0 Original Signature of Public Housing Director NA Total Estimated Cost \$ 208,605.00 Revised 2 Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report FFY of Grant Approval: 2008 FFY of Grant: 2008 \$ 93,025.70 Obligated Total Actual Cost 1 \$ 93,025.70 Expires 4/30/2011 Expended Date

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

	93,025.70	93,025.70	208,605.00	\$208,605.00			Total	
			5,096.73	8,000.00	1	1475	Mower	Ok0100001
In progress			6,372.50		60	1470	Doors	Ok0100001
In progress			5,920.00	1,500.00	20	1465	Ranges	Ok0100001
Complete	2,442.00	2,442.00	10,582.00	2,800.00	25	1465	Refrigerators	Ok0100001
In progress			10,524.25	9106.75	25	1460	Hot water tanks	Ok0100001
In progress			49,600.00	0	_	1460	Roofing (CC, others)	Ok0100001
				7,600.00		1460	Shower doors	Ok0100001
				16,000.00		1460	Kitchen/Bath Cabinets	Ok0100001
Complete	4,115.76	4,115.76	4,115.76	45,000.00	5	1460	Vinyl tile/flooring	Ok0100001
In progress			23,824.00	15,000.00	30	1460	A/C Units (~1200 ea)	Ok0100001
				10,000.00		1450	Retaining walls	Ok0100001
				2,000.00		1450	Street barrier	Ok0100001
Complete	19,778.00	19,778.00	19,778.00	42,540.00	29	1450	Sidewalk/Wheelchair ramp	Ok0100001
Complete	8,524.94	8,524.94	10,475.02		2	1430	A&E fees	Ok0100001
				600.00		1408	Annual/Env Plan (Contract Services)	Ok0100001
In progress	2,200.00	2,200.00	2,691.60	1,000.00	5	1408	Management Improvement (Training)	Ok0100001
Complete	55,965.00	55,965.00	55,965.00	55,965.00	1	1406	Operations	Ok0100001
	Funds Expended <sup>2</sup>	Funds Obligated <sup>2</sup>	Revised '	Original				
Status of Work	Jost	Total Actual Cost	d Cost	Total Estimated Cost	Quantity	Development Account No.	General Description of Major Work Categories	Development Number Name/PHA-Wide Activities
					rant No:	CFFP (Yes/No): no Replacement Housing Factor Grant No:	Replace	
	ge.	Federal FFY of Grant: 2008	Federal FI	01-08	o: OK56P0105	Grant Type and Number Capital Fund Program Grant No: OK56P010501-08	PHA Name: Housing Authority of the City of Drumright Capital	PHA Name: Housing A
							9	Part II: Supporting Pages

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  Capital Fund Program and Capital Fund Program Replacement Housing  Part III: Implementation Schedule  PHA Name: Drumright Housing Authority  Development Number   Name/HA-Wide   All Fund Obligated   Quarter Ending Date)  Activities  Original   Revised   Actual   Original   Revised   6/12/12   Revised   6/12/12    OK0100001   6/12/10   6/12/12   Revised   Actual   Original   Revised   6/12/12    OK0100001   O	Performa gram and entation So cousing Author (Qua) Original 6/12/10	and Capital Funcion Schedule Authority   Grant Ty Capital Fund Obligated (Quarter Ending Date)    Revised   A   A   A   A   A   A   A   A   A	and Evaluation Repotal Fund Program Rule  Grant Type and Number Capital Fund Program No Replacement Housing Fa  bligated ding Date)  ised Actual Orig  6/12	nd Evaluation Report al Fund Program Replacement Hole Capital Fund Program No OK56P010501-08 Replacement Housing Factor No: All Funds Expeing Date) Coriginal Revised Actual Original Revised 6/12/12	Revised  Revised	ng Factor	Factor (CFP/CFPRHF)    Federal FY of Grant: 2008   Reasons for Revised Target Dates   Actual
Development Number	IIV	Fund Obligat	led	(A)	Funds Expended		Reasons for Revised Target Dates
Activities	(\Zum	er Finantê r	varo)	( % "	meer purchase		
	Original	Revised	Actual	Original	Revised	Actual	
OK0100001	6/12/10			6/12/12			
And the state of t				THE PERSON NAMED IN COLUMN 1			

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

Part I: S	Part I: Summary				
PHA Nan City of Da	PHA Name: Housing Authority of the City of Drumright (OK010)  Capital Fund Program Grant No: OK.56S501050109  Replacement Housing Factor Grant No:  Date of CFFP: 03/18/2009	:01050109 (ARRA)			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant  Original A	pe of Grant Original Annual Statement  CRESETVE for Disasters/Emergencies		☐ Revised Annual Statement (revision no:	revision no:	
☐ Pertor	Performance and Evaluation Report for Period Ending:		Final Performance and Eval		
Line	Summary by Development Account	Tot	Total Estimated Cost		Total Actual Cost 1
		Original	Revised <sup>2</sup>	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	70,000.00	39,322.00	39,322.00	39,322.00
10	1460 Dwelling Structures	194,052.00	224,730.00	224,730.00	224,730.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

PHA Name:				FFY of Grant:2009		
Housing At of the City Drumright	of Capital Fund Program Grant No: OK568501050109 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009	(ARRA)		FFY of Grant Approval: 2009	2009	
Type of Grant	Grant					
Ori	Original Annual Statement   Reserve for Disasters/Emergencies	mergencies	<u>_</u>	Revised Annual Statement (revision no:	vision no:	
Per	Performance and Evaluation Report for Period Ending:			🛛 Final Performance and Evaluation Report	ation Report	
Line	Summary by Development Account	7	Total Estimated Cost		Total Actual Cost 1	
		Original	Revised <sup>2</sup>	d <sup>2</sup> Obligated		Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0				
19	1502 Contingency (may not exceed 8% of line 20)	0				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	264,052.00	264,052.00	264,052.00	264,052.00	0
21	Amount of line 20 Related to LBP Activities	0				
22	Amount of line 20 Related to Section 504 Activities	0				
23	Amount of line 20 Related to Security - Soft Costs	0				
24	Amount of line 20 Related to Security - Hard Costs	0				
25	Amount of line 20 Related to Energy Conservation Measures	0				
Signatı	Signature of Executive Director On Oslenhand	Date 05 12010 7-21-2010	Signature of Public Housing Director	Iousing Director		Date

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

							Chorocor	Ok010001	Ok010001	Ok010001			Name/PHA-Wide Activities	Davidonment Viimher	rha Name: nousing Au	Part II: Supporting Pages
							Smroon r	Flooring	Cabinets	Sidewalk/Wheelchair ramps			Categories	General Description of Major V	THA Name: Housing Authority of the City of Drumingin	
													4015	Vork	Capital Fund Prog Capital Fund Prog CFFP (Yes/ No): Replacement Hou	
							1 100	1460	1460	1450			Account No.	Davislonment	Capital Fund Program Grant No: OK56S501050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	
								70	20	38			Quantity	Quantity	o: OK56S50105	
							101,002.00	134 052 00	60,000.00	70,000.00		Original	I Otal Estille	Total Estima	0109	
							1019120.00	167.730.00	57,000.00	39,322.00		Revised 1	ica Cost	Estimated Cost	Teneral I	50.00
							101,100.00	167.730.00	57,000.00	39,322.00	Obligated*	Funds	I Otal Motual	Total Actual Cost	Pederal Fr I of Glant: 2007	TW - S Chart - 20
	-						101910000	167.730.00	57,000.00	39,322.00	Expended	Funds	Cost	Oct	Š	
							Compress	Complete	Complete	Complete			Othing of Work	Status of Work		

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Drumright	edule for Capital Fund ity of the City of Drur	Financing Program  nright			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Func (Quarter F	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Ok0100001	03/18/2010	12/09/2009	03/17/2012	02/01/2010	

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Part I: Summary PHA Name: Housin City of Drumright (	g Authority of the (OK010)	nd Number rogram Grant No: Jousing Factor Grant No:	OK56P01050109			FFY of Grant: 2009 FFY of Grant Approval: 2009
The of Cons		Date of Cliff.				
Type of Grant  Original A  Performan	nnual Statement ce and Evaluation Report f	Reserve for Disasters/Emergencies		☐ Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report	it (revision no: valuation Report	<u> </u>
Line S	Summary by Development Account	H	Ţ	Total Estimated Cost		Total Actual Cost 1
			Original	Revised <sup>2</sup>	Obligated	Expended
1 T	Total non-CFP Funds					
2 1	1406 Operations (may not exceed 20% of line 21) 3	% of line 21) <sup>3</sup>	35,000.00	35,000.00	0.00	0.00
3 1.	1408 Management Improvements		2,000.00	2,000.00	0.00	0.00
4 1.	1410 Administration (may not exceed 10% of line 21)	d 10% of line 21)				
5 1,	1411 Audit					
6 1,	1415 Liquidated Damages					
7 1.	1430 Fees and Costs		10,000.00	10,000.00	0.00	0.00
8 1,	1440 Site Acquisition					
9 1,	1450 Site Improvement		30,000.00	30,000.00	0.00	0.00
10 14	1460 Dwelling Structures		90,605.00	90,105.00	0.00	0.00
11 1/	1465.1 Dwelling Equipment—Nonexpendable	xpendable	9,000.00	9,000.00	0.00	0.00
12 1	1470 Non-dwelling Structures		5,000.00	5,500.00	0.00	0.00
13 1	1475 Non-dwelling Equipment		26,329.00	26,329.00	0.00	0.00
14 1,	1485 Demolition		-			
15 14	1492 Moving to Work Demonstration	n				
16 1	1495.1 Relocation Costs					
17 1,	1499 Development Activities 4					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

	Signatur	25	24	23	22	21	20	19	18ba	18a		Line	Perfo	Origi	Type of Grant		the City of Drumright	Part I: Summary
	e of Executive Directs	Amount of line 20 Related	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or D Pa	1501 Collateralization or D		Summary by Development Account	rmance and Evaluation Rep	<b>Original Annual Statement</b>	ant		Authority of	ımmary
tous vallensus	Signature of Executive Director . At 1	Amount of line 20 Related to Energy Conservation Measures	to Security - Hard Costs	to Security - Soft Costs	to Section 504 Activities	to LBP Activities	(sum of lines 2 - 19)	t exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		t Account	Performance and Evaluation Report for Period Ending: 03/31/2010	Reserve for Disasters/Emergencies		Replacement Housing Factor Grant No: Date of CFFP:	Grant Type and Number Capital Fund Program Grant No: OK56P501050109	
7-21-200	Date	0	0	0	0	0	\$ 207,934.00	0	0	0	Original		And the state of t	s/Emergencies			2501050109	
	Signature											Total Estimated Cost						
	Signature of Public Housing Director										Revised 2	ted Cost	Final Perfor	☐ Revised Ann	Į		FFY of C	LEV of C
mandranent of the contract of	irector				And the second s			in the second se			Obligated	١.	Final Performance and Evaluation Report	Revised Annual Statement (revision no:			FFY of Grant Approval: 2009	FFV of Crant-2000
	Date										Expended	Total Actual Cost						

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Drumright	ty of the City of Drun	uright			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Ok0100001	09/14/2011		09/14/2013		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Fart I: Summary	ullillal y					
PHA Nan City of Di	PHA Name: Housing Authority of the City of Drumright (OK010)	Grant Type and Number OK56P501050110 Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	0110			FFY of Grant Approval: 2010
Type of Grant	nual Statement	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	on no:	
□ Perfor	e and Evaluation Report	for Period Ending:		Final Performance and Evaluation Report	n Report	
Line	Summary by Development Account	Account	Total H	Total Estimated Cost	To	Total Actual Cost 1
			Original	Revised <sup>2</sup>	Obligated	Expended
-	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	seed 20% of line 21) <sup>3</sup>	40,329.00			
ω	1408 Management Improvements	ents	2,000.00			
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		10,000.00			
∞	1440 Site Acquisition					
9	1450 Site Improvement		40,000.00			
10	1460 Dwelling Structures		106,605.00			
11	1465.1 Dwelling Equipment—Nonexpendable	Nonexpendable	5,000.00			
12	1470 Non-dwelling Structures	S	3,000.00			
13	1475 Non-dwelling Equipment	nt	1,000.00			
14	1485 Demolition					
15	1492 Moving to Work Demonstration	nstration				
16	1495.1 Relocation Costs				the same of the sa	
17	1499 Development Activities 4	12.				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Date	using Director	Signature of Fublic Housing Director	Date 03/11/2009	Signature of Executive Director Con. Allahout Date	V
			0	J	5
			0		24
			0	Amount of line 20 Related to Security - Soft Costs	23
			0	2 Amount of line 20 Related to Section 504 Activities	22
			0	Amount of line 20 Related to LBP Activities	21
			207,934.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20
			0	9 1502 Contingency (may not exceed 8% of line 20)	19
			0	8ba 9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba
			0	8a 1501 Collateralization or Debt Service paid by the PHA	18a
Expended	Obligated	al Revised <sup>2</sup>	Original		
Total Actual Cost 1	Tota	Total Estimated Cost		Line Summary by Development Account	Lin
	Final Performance and Evaluation Report	☐ Fin		Performance and Evaluation Report for Period Ending:	
	Revised Annual Statement (revision no:	□ Rev	ies	Original Annual Statement Reserve for Disasters/Emergencies	
				Type of Grant	ĮŢ
	FFY of Grant:2010 FFY of Grant Approval: 2010			PHA Name: PHA Number: Grant Type and Number OK56P501050110 Of the City of Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	PH PH Dri
Expires 4/30/2011				ort I. Cummour	0

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

PHA Name: Housing Aut	PHA Name: Housing Authority of the City of Drumright C: R: R:	Grant Type and Number Capital Fund Program Grant No: OK56P501050110 CFFP (Yes/ No): N Replacement Housing Factor Grant No:	lo: OK56P5010: 3rant No:	50110	Federal H	Federal FFY of Grant: 2010	)10	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	ork Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Ok0100001	Operations	1406		40,329				
Ok0100001	Training/Professional Development	1408	2	2,000				
Ok0100001	A&E fees	1430	2	10,000				
Ok0100001	Retaining Wall	1450	6	25,000				
Ok0100001	Parking	1450	5	15,000				
Ok0100001	Flooring	1460	2	2,605	:	:		
Ok0100001	Bathroom remodel	1460	20	30,000				
Ok0100001	Hot Water Tanks	1460	10	4,000				
Ok0100001	Insulation	1460	25	25,000				
Ok0100001	HVACs	1460	10	15,000				
Ok0100001	Roofing	1460	6	30,000				
Ok0100001	Refrigerators & Ranges	1465	12	5,000				
Ok0100001	Doors	1470	20	1,000				
Ok0100001	Community Center construction	1470	1	2,000				
Ok0100001	Office Equipment	1475	1	1,000				

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

	Date	End Date	End Date	Obligation End Date	
	Actual Expenditure End	Original Expenditure	Actual Obligation	Original	
	(	, ,	,	.,	Activities
	(Quarter Ending Date)	(Quarter E	(Quarter Ending Date)	(Quarter I	Name/PHA-Wide
Reasons for Revised Target Dates 1	All Funds Expended	All Funds	All Fund Obligated	All Func	Development Number
Federal FFY of Grant: 2010			nright	ity of the City of Drur	PHA Name: Housing Authority of the City of Drumright
			Financing Program	edule for Capital Fund	Part III: Implementation Schedule for Capital Fund Financing Program

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part PHA A.	Part I: Summary PHA Name/Number Development Number and A. Name	Work Statement for Year 1	Locality (City/County & State)  Work Statement for Year 2 Work Statem  FFY 2011 FFY	County Wor	nty & State) Work Statement for Year 3 FFY 2012	& State)
В.	Physical Improvements Subtotal		159,000.00	143,500.00		136,000.00
C	Management Improvements		2,000.00	2,000.00		4,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		5,000.00	16,000.00		14,000.00
E.	Administration					
F.	Other			500.00		7,500.00
G.	Operations		40,000.00	40,000.00		40,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing -					
	Debt Service					
K.	Total CFP Funds					
Ļ.	Total Non-CFP Funds				<b>-</b>	
M.	Grand Total		\$ 206,000.00	\$ 202,000.00		\$ 201,500.00

Joni Potenhous 1/21/2010

															[[]864666666[]]	School St.	11866	_2010	Year 1 FFY	Statement for	Work	Part II: Supp
Su		THE CHARLES AND A STATE OF THE CHARLES AND A STA		***************************************		· · · · · · · · · · · · · · · · · · ·				OK0100001	OK0100001	OK0100001		OK0100001	OK0100001	OK0100001	OK0100001	Number/Name General Description of Major Work Categories	Development		Worl	orting Pages – Phy
Subtotal of Estimated Cost										CC repairs (1470)	Ranges/Refrigs (1465)	Roofing (1460)	(1460)	Hot Water Tanks	A/C Units (1460)	Insulation (1460)	Bath remodels (1460)		Quantity	FFY 2011	Work Statement for Year	Part II: Supporting Pages – Physical Needs Work Statement(s)
\$164,000.00										5,000.00	5,000.00	75,000.00	. 9000	4 000 00	10,000.00	20,000.00	45,000.00		Estimated Cost			nent(s)
Su				MANAGE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T			OK0100001	OK0100001	OK0100001	OK0100001	OK0100001	OK0100001		OK0100001	OK0100001	OK0100001	OK0100001	Number/Name General Description of Major Work Categories	Development		Work	
Subtotal of Estimated Cost		A THE TAX AND A			The state of the s	Deere #1) (1475)	Lawn Mower (John	Maint Tools (1475)	CC repairs (1470)	Ranges (1465)	Refrigerators (1465)	Roofing (1460)		A/C Units (1460)	Bath remodels (1460)	Ceiling Fans (1460)	Retaining Wall (1450)		Quantity	FFY 2012	Work Statement for Year:	
\$159,500.00							6,000.00	2,000.00	8,000.00	2,000.00	10,000.00	40,000.00	3	1.500.00	10,000.00	15,000.00	65,000.00		Estimated Cost			

Subtotal of Estimated Cost
#3 Mower (1475)  Computers (1475)
Ranges (5) (1465) Maintenance Truck (1475)
Windows (1460)  Refrigerators (10) (1465)
Water shutoffs (1460) Roofing (1460)
Parking (1450)  Retainwalls/Landscape (1450)
Fencing/Gates (1450)
Development Number/Name General Description of
Work Statement for Year: FFY 2014

Part III: Su	Part III: Supporting Pages – Management Needs Work Statement(s)	k Statement(s) N/A		
Work	Work Statement for Year		Work Statement for Year:	
Statement for	FFY 2011		FFY 2012	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	Operations (1406)	\$ 40,000.00	Operations (1406)	\$ 40,000.00
X600603X	Annual/Env Plan (1408)	2,000.00	Annual/Env Plan (1408)	2,000.00
[]  Statespeps			Audit (1411)	500.00
	Subtotal of Estimated Cost	\$42,000.00	Subtotal of Estimated Cost	\$42,500.00

Part III: Su Work	Part III: Supporting Pages – Management Needs Work Statement(s)  Work  Work Statement for Year	k Statement(s) N/A		
Statement for	FFY 2013	ni-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ottani-ot	FFY 2014	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	
	Operations (1406)	\$ 40 000 00	Operations (1406)	
MASSISSISSISSISSISSISSISSISSISSISSISSISSI	Annual/Env Plan (1408)	1,500.00	Admin-Annual/Env. Plan (1408)	
[] Staticatedal]	Travel (1408)	2,500.00	Admin-Training (1408)	
	Audit (1411)	500.00	Audit (1411)	
	Subtotal of Estimated Cost	\$44,500.00	Subtotal of Estimated Cost   \$44,500.00	\$44